

ADMINISTRATIVE REPORT OF WORK CONTENT
STATE OF MAINE
BUREAU OF HUMAN RESOURCES

POSITION NUMBER (Leave Blank)

TO BE COMPLETED BY AUTHORIZED AGENCY PERSONNEL UNIT

TYPE OF REQUEST ALLOCATION REALLOCATION REEVALUATION		TYPE OF POSITION CLASSIFIED UNCLASSIFIED (Attach copy of statutory authority for making this position unclassified)	
EMPLOYEE NAME		LOCATION OF POSITION	TELEPHONE NO.
PRESENT TITLE	RANGE	NAME OF SUPERVISOR	TELEPHONE NO.
DEPARTMENT		BUREAU/DIVISION	
<p>I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out government functions. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violation of such statutes or their implementing regulations.</p>			
SIGNATURE OF INCUMBENT			DATE
SIGNATURE OF IMMEDIATE SUPERVISOR			DATE
SIGNATURE OF AGENCY PERSONNEL DESIGNATE			DATE
SIGNATURE OF AGENCY COMMISSIONER			DATE

TO BE COMPLETED BY DIRECTOR BUREAU OF HUMAN RESOURCES

TYPE OF POSITION CLASSIFIED UNCLASSIFIED	ASSIGNED CLASS TITLE	ASSIGNED RANGE
SIGNATURE OF DIRECTOR BUREAU OF HUMAN RESOURCES		DATE

AGENCY

HUMAN RESOURCES

BUDGET

INCUMBENT

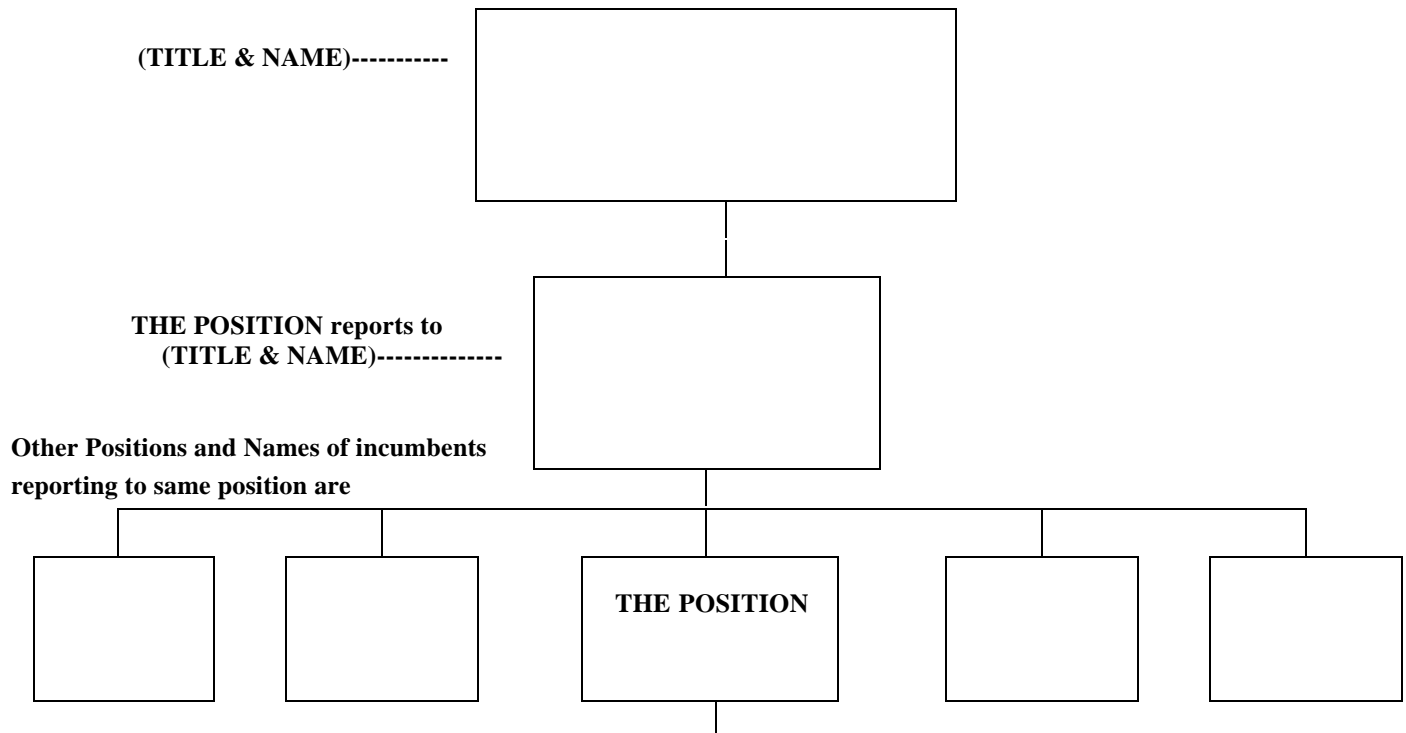
TO BE COMPLETED BY AGENCY PERSONNEL UNIT

1. Primary purpose of unit, division agency (Why does it exist?)

2. Primary purpose of position (Why does it exist?)

3. List titles of positions which provide functional direction to the incumbent (Sources of assignment)

4. In the space provided, complete the wire diagram to show the position within the organizational structure.



List title and number of positions supervised by THE POSITION with names of present incumbents.

5. Give extent and examples of decision making authority.

6. Describe in narrative form those activities which this position will accomplish through delegation to others and to whom they are delegated. (Supervisors Only).

7. List all position titles, units, departments and other with which there is working relation and its nature.

8. Amount and nature of other monies directly affected by position. (contact agency business office for specifics).

DOLLAR IMPACT

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9. Describe in Task Statement form those activities performed directly.		
Task #	% Of Time	EXAMPLE: Plans, organizes, coordinates, and directs operations, programs, staff, and functions in order to establish operational priorities, coordinate operations with other functions within the agency, and ensure program objectives and standards are established and attained.

10. Justification for request (identify changes to the position and/or reason(s) for the request).	
11. Give purpose for assigning these duties to this position (reorganization, combination of positions, Legislative mandate, etc.)	
12. Give name and title of person(s) assigning these duties.	
13. Give name and title of person(s) previously performing these duties.	
14. List knowledges and abilities essential to the position.	
15. List the type of equipment used in performance of duties and the frequency of use.	
TYPE OF EQUIPMENT	FREQUENCY